### FEC FORM 3X

## REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

RECEIVED FEC MAIL OPERATIONS CENTER

2006 MAY 30 A 8: 31

						Office Use Only	
1. NAME OF COMMITTEE (in full)	TYPE OR PRINT		nple: If typin the lines.	g, type	L2FE4M5		
Pragmatics, Inc.	PAC	<u> </u>	<u> </u>	<u> </u>			
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than previously reported. (ACC)	McLean	<del></del>			VA	22102	3303
2. FEC IDENTIFICATION	N NUMBER ▼	CITY		5	TATE _	ZIP COI	DE 🛦
C 00421487		3. IS THIS REPORT	W	IEW N) <b>OR</b>	AM (A)	IENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)	N	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)	J	un 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15	<u></u>	Apr 20 (M4)	J	ul 20 (M7)	Oct	20 (M10)	Jan 31 (YE)
Quarterly Rep	(C) 12-Day	Zavi	Primary (12P)	)	General (	(12G)	Runoff (12R)
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Quarterly Rep	ort (Q3)		<b>~~~~~</b>		heilimbaltoritoritori	ž 111 U10	ranamasponaman
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Report (Non-e Year Only) (M	election POST-	Election for the:	General (30G	6)	Runoff (3	80A)	Special (30S)
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5. Covering Period	9 8 9 6 8	2006	through	03"	/ 131 <sup>8</sup> /	2006 7 7	
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Type or Print Name of Tre	asurer		<del>µ• · ,,,•••• , ,,•••• ,,</del>	·			
Signature of Treasurer	Dum	1 Don		Dz	ite 05	22	2006
NOTE: Submission of (alse,	erroneous, or incomplete	information may su	bject the pers	son signing thi	s Report to th	he penalties of 2 t	J.S.C. §437g.
Office Use Only						FEC FOR Rev. 12/2	

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page 2
Write or Type Committee Name		
Pragmatics, Inc. PAC		· <del></del>
Report Covering the Period: From:	03 10 2006 To	03 31 2006
	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand  January 1,  2006		
(b) Cash on Hand at Beginning of Reporting Period		
(c) Total Receipts (from Line 19)	50.00	50.00
<ul><li>(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines</li><li>6(a) and 6(c) for Column B)</li></ul>	50.00	50.00
7. Total Disbursements (from Line 31)	40.22	40.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9.78	9.78
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)	C	
This committee has qualified as a mu	lticandidate committee. (see FEC FORM 1M)	
	For further information contact:	,
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530 Local 202-694-1100	

#### **DETAILED SUMMARY PAGE**

	of Donointo	
FEC Form 3X (Rev. 02/2003)	of Receipts	Page 3
Write or Type Committee Name		· ····
Pragmatics, Inc. PAC		
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Re	port Covering the Pariod: From: 03	10 2006 To	: 03 31 2006 1
	t. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11.	Contributions (other than loans) From:		
	(a) Individuals/Persons Other Than Political Committees	hannen bresser fren makken en die erne die erne pallanen er fina authen er splan av vellen er sale	general gramming in the engineering of the engineer
	(i) Itemized (use Schedule A)	O.	V.
	• • • • • • • • • • • • • • • • • • • •	Security of the second security of the second secon	
	(ii) Uniternized	50.00	50.00
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	Lines 11(a)(i) and (ii)►	50.00	50.00
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	(b) Political Party Committees	O I	O 3
	(c) Other Political Committees	O S	U
	(such as PACs)(d) Total Contributions (add Lines	Annual Company of the	Samples who will be the second
	11(a)(iii), (b), and (c)) (Carry	Franchistorial configuration of the configuration o	Barandian and months and transfer and transfer and transfer and the second and th
	Totals to Line 33, page 5)		50.00
12.	Transfers From Affiliated/Other	finandinandinanilananilananilananilananilananilananilananilananilananila	on the second se
	Party Committees		
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13.	All Loans Received	Secretario presidente de la composició d	The county works and the contract of the contr
4.4	) our Consuments Dessived	The state of the s	Committee of the continue of t
	Loan Repayments Received Offsets To Operating Expenditures	harman thereto returnitario est est transferio est	washing the street the
	(Refunds, Rebates, etc.)	<del>രം മാന്ദ്രയായുടെ സ്രായം ആരോഷ്ട്രം അത്രം ശരുത്തിലായുട്ടിയുടെ വര്</del> ട്ടുന്നത്തു.	Justinonga teetigramenel perteenyasiakkii genomelijikonongandonganoneejeten mega-name
	(Carry Totals to Line 37, page 5)	O	
16.	Refunds of Contributions Made	Beneral annual a carl Commission	Lancoullesser Secret Historia Sesses Daniel Linea Beare Atoria Secretaria
	to Federal Candidates and Other		is hamanalingggyppinamentheppuntungggyttimmentpamenthampunkamenaksyamideensa
	Political Committees	Laction Carlo Maria Mari	
17.	Other Federal Receipts (Dividends, Interest, etc.)	U	U Service Company of the Company of
18.	Transfers from Non-Federal and Levin Funds	Andrea Carolina Company Company Company	Samuel Commission Samuel Commission Commission of Parameter of Paramet
	(a) Non-Federal Account	विकासम्बद्धीराज्ञास्त्रीतस्य कार्रिया व्यवस्थितस्य विकास स्थापाल स्थापाल स्थापाल स्थापाल स्थापाल स्थापाल स्थाप	ika matika maji masaka madima atah madima matika madima atah masa atah masa atah masa atah masa atah masa atah
	(from Schedule H3)	O l	
		Esset and a second	gamagassapanagamagasapanagasapanagasapanagasap
	(b) Levin Funds (from Schedule H5)	O I	j Landon Amel Maria Amel Amel Amel Amel Amel Amel Amel Amel
	(-) T-1-1 Tun-stave (add 40(a) and 40(b))	tann demokrate konstruerten retiene ekanaden erden erden erde er si	tanan ta
	(c) Total Transfers (add 18(a) and 18(b))	i O i i i i i i i i i i i i i i i i i i	tomological market and the continued to
19.	Total Receipts (add Lines 11(d),	Secretary works to transfer was the constitution of the constituti	EV VV
	12, 13, 14, 15, 16, 17, and 18(c))▶	50.00 I	ง 50.00 โดยเดิมเหลือนเลือนเลือนเลือนเลือนเลือนเลือนเลือนเ
20.	Total Federal Receipts	รีก <u>รณะเรียกตกสำครา</u> ยสำคราย ส <del>ำครองสีทองการ์โดยเกรส์เกตราสีพาการ์โดยเกรส์เพลาะรั</del>	kersus karamikus sakan asikas arakenara karamikus sakus
	(subtract Line 18(c) from Line 19)▶	50.00	50.00

#### **DETAILED SUMMARY PAGE**

of Disbursements FEC Form 3X (Rev. 02/2003) Page 4 COLUMN B **COLUMN A** II. Disbursements **Total This Period** Calendar Year-to-Date 21. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schedule H4) (i) Federal Share ..... Non-Federal Share..... (b) Other Federal Operating Expanditures ..... (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ...........................▶ 22. Transfers to Affiliated/Other Party Committees..... 23. Contributions to Federal Candidates/Committees and Other Political Committees..... 24. Independent Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... 26. Loan Repayments Made...... Loans Made..... Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees ...... (b) Political Party Committees ...... (c) Other Political Committees (such as PACs)..... (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).............................▶ 29. Other Disbursements ...... 30. Federal Election Activity (2 U.S.C. §431(20)) (a) Allocated Federal Election Activity (from Schedule H6) (i) Federal Share ..... (ii) "Levin" Share ..... (b) Federal Election Activity Paid Entirely With Federal Funds ..... (c) Total Federal Election Activity (add ... Lines 30(a)(i), 30(a)(ii) and 30(b))....▶ Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))... 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)......  $40_{x}22$ 40.2

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003) Page 5 III. Net Contributions/Operating Ex-**COLUMN A** COLUMN B Total This Period penditures Calendar Year-to-Date 33. Total Contributions (other than loans) 50.00 50.00 (from Line 11(d), page 3) ...... 34. Total Contribution Refunds (from Line 28(d)),..... 35. Net Contributions (other than loans) 50.00 50.00 (subtract Line 34 from Line 33) ..... 36. Total Federal Operating Expenditures 40.22 40.22 dimediani (dimediani) kan dimediani (dimediani) kan dimediani (dimediani dimediani dimediani dimediani dimedian (add Line 21(a)(i) and Line 21(b)) ........ ▶ Accessification Chronille 37. Offsets to Operating Expenditures (from Line 15, page 3) ...... 38. Net Operating Expenditures 40.22 40.22 

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### SCHEDULE B (FEC Form 3X)

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	Detailed Summary Page	27	28a	28b	28c	29	80b
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## SCHEDULE C (FEC Form 3X)

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	for each category of the Detailed Summary Page	FOR LINE 13 OF FORM 3X			
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		General			
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Date Incurred Date Due	Interest Rate	Secured:			
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List All Endorsers or Guarantors (if any) to Loan Source					
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## SCHEDULE C-1 (FEC Form 3X) LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Supplementary for						
Information	found on					
Page	of Schedule C					

Federal Election Commission, Washington, D.C. 20463			Trage or occasion o
NAME OF COMMITTEE (In Full)	· · · · · · · · · · · · · · · · · · ·		IDENTIFICATION NUMBER
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan		Interest Rate (APR)
Mailing Address  City State Zip Code	Date Incurred or Established  Date Due		
A. Has loan been restructured? No Yes  B. If line of credit,  Amount of this Draw:	Balance:		
C. Are other parties secondarily liable for the debt incurre	ed?  ust be reported on Schedule C.)  loan: real estate, personal deposit, chattel papers,  similar traditional collateral?	What is the	value of this collateral?
E. Are any future contributions or future receipts of intere- collateral for the loan? No Yes If yes, s	est income, pledged as specify:	interest in it? What is the	der have a perfected security No Yes estimated value?
A depository account must be established pursuant to 11 CFA 100.82(e)(2) and 100.142(e)(2).  Date account established:	Location of account:  Address:  City, State, Zip:		
F. If neither of the types of collateral described above wa the loan amount, state the basis upon which this loan		ch it assures	•
G. COMMITTEE TREASURER  Typed Name  Signature		DATE	
<ul> <li>H. Attach a signed copy of the loan agreement.</li> <li>I. TO BE SIGNED BY THE LENDING INSTITUTION: <ol> <li>To the best of this institution's knowledge, the teare accurate as stated above.</li> <li>The loan was made on terms and conditions (in similar extensions of credit to other borrowers of III. This institution is awate of the requirement that complied with the requirements set forth at 11 C</li> </ol> </li> </ul>	ncluding interest rate) no more fav f comparable credit worthiness. a toan must be made on a basis	orable at the which assur	time than those imposed for
AUTHORIZED REPRESENTATIVE Typed Name	tle	DATE	

#### SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

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schedule(s) FOR LINE NUMBER: for each numbered fine)   10	(Use separate	PAGE	OF
	schedule(s) for each		9

alradian Lagua '				each ered fine)	(check only one)	9	
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C. Full Name (La	ast, First, Middle Initial) of Deb	otor or Creditor		:	Nature of D	ebt (Purpose):	
Maillen Address			·—-··				
Mailing Address			7:- A.T.				
City		State	Zip Code				
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	t Incurred This Period	,	ent This Period	g smarkenskarskarsk		ng Balance at Close	
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	TOTAL OUTSTANDING LOANS from Schedule C (last page only)				in and the second of the secon	and a second	g ne <del>sseendibreessenstr</del> ië
	) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)				garanga mang	and Samilyandan Security	in <del>u principalita</del>
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## SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

MIZED INDEPENDENT EXPENDITORES	PAGE OF FOR LINE 24 OF FORM 3X
ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER T
Check if 24-hour notice 48-hour notice	I de la constant de l
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure  Category/ Type	Office Sought: House State: Senate District:
Name of Federal Candidate Supported or Opposed by Expenditure:	President Check One: Support Oppose
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure  Category/ Type  Name of Federal Candidate Supported or Opposed by Expenditure:	Office Sought: House State: Senate District: President
Calendar Year-To-Date Per Election for Office Sought	Check One: Support Oppose  Disbursement For: Primary General  Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Signature	

M

#### SCHEDULE F (FEC Form 3X)

#### ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S) ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE PAGE OF (2 U.S.C. §441a(d)) FOR LINE 25 OF FORM 3X (To be used only by Political Committees in the General Election) NAME OF COMMITTEE (In Full) Check if 24-hour notice Full Name of Subordinate Committee Has your committee been designated to make coordinated expenditures by a political party committee? YES NO If YES, name the designating committee: Mailing Address City State ZIP Code Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Туре Mailing Address Date Zip Code State City Name of Federal Candidate Supported Office Sought: House: State: Amount Senate District: Presidential Aggragate General Election Limit Raised Due to Opponent's Spend-Expenditure for this Candidate ing (2 U.S.C. §441a(i)/441a-1) Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Type Date Zip Code City State Name of Federal Candidate Supported Office Sought: House State: Amount Senate District Presidential Aggregate General Election Limit Raised Due to Opponent's Spend-Expenditure for this Candidate Ing (2 U.S.C. §441a(i)/441a-1) Purpose of Expenditure Full Name (Last, First, Middle Initial) of Each Payee Category/ Mailing Address Туре Date Zip Code State City Name of Federal Candidate Supported Office Sought: House State: Amount Senate District: Samessaffastromstates continues and the second state of the second second second second second second second s Presidential 1 Aggregate General Election Limit Raised Due to Opponent's Spend-Expenditure for this Candidate ing (2 U.S.C. §441a(i)/441æ-1) <u>Grannsthannesthennastrans Sammiltonnesthennathennathennestranett</u> TOTAL This Period (last page this line number only)...... <u>analisa marika santi Bararat Ingga kanasa marik Bararat kanasa kanasa kanasa kanasa kanasa kanasa kanasa kana</u>

#### SCHEDULE H1 (FEC Form 3X)

#### **METHOD OF ALLOCATION FOR:**

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)				
USE ONLY ONE SECTION, A or B				
A. State and Local Party Committees				
Fixed Percentage (select one)				
Presidential-Only Election Year (28% Federal)				
Presidential and Senate Election Year (36% Federal)				
Senate-Only Election Year (21% Federal)				
Non-Presidential and Non-Senate Election Year (15% Federal)				
B. Separate Segregated Funds and Nonconnected Committees				
Flat Minimum Federal Percentage				
If the committee will allocate using the flat minimum percentage of 50% federal funds, check 🗒				
If the committee is spending more than 50% federal funds, indicate ratio below				
Federal%				
Nonfederal				
This ratio applies to (check all that apply):				
Administrative Generic Voter Drive Public Communications Referencing Party Only				

Lin

## SCHEDULE H2 (FEC Form 3X) ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)					
RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDAT ACTIVITIES APPEARING ON THIS REPORT.	ATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT CTIVITIES APPEARING ON THIS REPORT.				
Methods of allocation:					
<ol> <li>FUNDRAISING activities are allocated using the "funds received meth expenses must equal the federal proportion of monies raised.</li> </ol>	od" where the federal pro	portion of			
where the federal proportion of disbursements is based on the benefit tivity. For PACs Only: Direct candidate support includes public comm	II. Shared DIRECT CANDIDATE SUPPORT activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. For PACs Only: Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.				
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %			
ACTIVITY IS:    Fundraising	%	%			
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %			
ACTIVITY IS:  Fundralsing Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	%	**************************************			
ACTIVITY OR EVENT IDENTIFIER  ACTIVITY IS:	FEDERAL %	NONFEDERAL %			
Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	%	**************************************			
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %			
ACTIVITY IS:  Fundralsing Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported		omegane possession participation of			
ACTIVITY OR EVENT IDENTIFIER	FEDERAL %	NONFEDERAL %			
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ACTIVITY OR EVENT IDENTIFIER FEDERAL % NONFEDERAL %					
ACTIVITY IS:  Fundraising Direct Candidate Support  CHECK IF THE RATIO IS:  New Revised Same as Previously Reported	Control of	Complement and the fearers of			

## SCHEDULE H3 (FEC Form 3X) TRANSFERS FROM NONFEDERAL ACCOUNTS FOR ALLOCATED FEDERAL / NONFEDERAL ACTIVITY

PAGE	ΟF.	
EOR JIM	- 10 <sub>2</sub> AE	FORM 3X

AME OF COMMITTEE (In Full)				
NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED		
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III) Exempt Activities		A COLUMN CONTRACTOR CO		
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iv) Direct Fundralsing (List Activity or Event Id	•			
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c) Total Amount Transferred For Direct Fund	raising	Constitution of the Consti		
v) Direct Candidate Support (List Activity or E	Event Identifier)			
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c) Total Amount Transferred For Direct Cand	lidate Support	to and one discontinued continued to a fine of the continued to a fine of t		
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TOTAL This Period (Exempt Activities)				
TOTAL This Period (Direct Fundraising)		ending and the manifest and the control of the cont		
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TOTAL This Period (Direct Candidate Support)		with the section of t		
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TOTAL This Period (Public Communications Referring	ng Only to Party)	The second secon		
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TOTAL This Period (Total Amount Transferred)		Toward over the second control world through world through the second		

#### SCHEDULE H4 (FEC Form 3X)

### DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	ÖF
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NA	ME OF COMMITTEE (In Full)				
Α.	Full Name (Last, First, Middle Initial)	<u></u>	•		Allocated Activity or Event:
		·····	••		Administrative Fundraising Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:		:	h-merilan saskmens	Allocated Activity or Event Year-To-Date
	Activity or Event Identifier:	•		Category/	
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<u></u>	Full Name (Last, First, Middle Initial)	···	<del></del>		Alfocated Activity or Event:
		· <u> </u>			Administrative Fundralsing Exempt
	Mailing Address				Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:	<del></del> .			Allocated Activity or Event Year-To-Date
		· · · · · · · · · · · · · · · · · · ·			
	Activity or Event Identifier:			Category/	
				Type	Date
	FEDERAL SHARE	+	NONFEDERAL	SHARE	TOTAL AMOUNT
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<u>c.</u>	Full Name (Last, First, Middle Initial)				Allocated Activity or Event:
					Administrative Fundraising Exempt
	Mailing Address		·.		Voter Drive Direct Candidate Support
	City	State	Zip Code		Public Comm (ref to party only) by PAC
	Purpose of Disbursement:				Allocated Activity or Event Year-To-Date
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	Activity or Event Identifier:			Cotococy	Enthantage \ Enthain Dan \ technical technical technical
				Category/ Type	Date
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τ	OTAL This Period (last page for each line only)(F	•			
	FEDERAL SHARE		NONFEDERAL	. SHARE	TOTAL AMOUNT
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#### SCHEDULE H5 (FEC Form 3X)

### TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

	- · · · · · · · · · · · · · · · · · · ·		FOR LINE 180 OF FURM 3X
NAME OF COMMITTEE (In Full)	<del>-</del>		
NAME OF ACCOUNT	DATE OF RECEIPT	THE THE RESTRICT CONTROL OF THE CONT	TOTAL AMOUNT TRANSFERRED
		and all challes below	
BREAKDOWN OF THIS TRANSFER		VOTED REGISTR	· · · · · · · · · · · · · · · · · · ·
i) Voter Registration	yearngemen y	NOTER REGISTR	
Total Amount Transferred for Vo	ter Registration	Sand Development Survey Barrier St.	- Horne Same All Dear Agency A
II) Voter ID		_	OTER ID
Total Amount Transferred for Vo	ter ID	<b>5</b>	was a state of the second of t
		Case announce to common memoritaria de l'acceptance de l'accep	GOTV
Total Amount Transferred for GC	OTV	19 "	<del>an kenadina milana dana dana dana dana dana da</del>
rutal Amount Transferred for Cit	JIV	Server Branch Br	
iv) Generic Campaign Activity		29eca	GENERIC CAMPAIGN ACTIVITY
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NAME OF ACCOUNT	DATE OF RECEIPT		TOTAL AMOUNT TRANSFERRED
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BREAKDOWN OF THIS TRANSFER			
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Total Amount Transferred for Vo	oter Registration	estare	
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II) Voter ID		I management you will be a second or the sec	ni kanas kanas (han din er et kan er din en et
Total Amount Transferred for Vo	oter ID	Mary Mary Bay	Constitute of the same of the constitution of the same of the constitution of the same of the constitution
iii) GOTV		Acres Colleges of the Colleges	GOTV Gotymangemeljemeljemeljemeljemeljemeljemeljemel
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ha Concelo Consolon Activity			GENERIC CAMPAIGN ACTIVITY
Iv) Generic Campaign Activity  Total Amount Transferred for G	eneric Campaign Activity	ą.	รู้ ระกรโดยเลเตินกรณ์ในกรณ์ใหญ่เป็นของใหญ่แล่โดกลายในกรณ์ในกรณ์ในกรณ์ใหญ่ เล่นในกรณ์ใหญ่ เล่นในกรณ์ใ
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TOTAL This Period (GOTV)		The state of the s	ensilv <del>anorida no ra Chemonillo strati l'assessilla sensilla sensi</del>
TOTAL This Period (Generic Campaig	ın Activity)	3	
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TOTAL This Period (Total Amount of	Transfers Received)		H
			THE PROPERTY OF THE PROPERTY O

PAGE

FEC Schedule H5 (Form 3X) Rev. 02/2003

## SCHEDULE H6 (FEC Form 3X) DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS FOR ALLOCATED FEDERAL ELECTION ACTIVITY

(To be used by State, District and Local Party Committees Only)

PAGE	OF
FOR LINE 30	a OF FORM 3X

AME OF COMMITTEE (In Full)				
A. Full Name (Last, First, Middle Initial) / Full Organization Name		Type of Allocated Activity or Event:		
		Voter Registration GOTV  Voter ID Generic Campaign		
Malling Address	·	Allocated Activity or Event Year-To-Date		
City State Zip Code	· · · · · · · · · · · · · · · · · · ·			
State Especiate	mander or direct			
Purpose of Disbursement	Category/ Type	Date Date		
FEDERAL SHARE + LEVIN SHA		TOTAL AMOUNT		
B. Full Name (Last, First, Middle Initial) / Full Organization Name	. <del></del>	Type of Allocated Activity or Event:		
		Voter Registration GOTV  Voter ID Generic Campaign		
Mailing Address	·····	Allocated Activity or Event Year-To-Date		
City State Zip Code	Security conductions (			
Purpose of Disbursement	Category/	Date Date		
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FEDERAL SHARE + LEVIN SHARE + LEVIN SHARE		TOTAL AMOUNT		
	medican American Streams			
C. Full Name (Last, First, Middle Initial) / Full Organization Name  Type of Allocated Activity or Event:				
		Voter Registration GOTV Voter ID Generic Campaign		
Mailing Address		Allocated Activity or Event Year-To-Date		
City State Zip Code				
City State Zip Gode	I in a second to a select the second to a			
Purpose of Disbu/sement	Category/ Type	Date Land		
FEDERAL SHARE + LEVIN SH		= TOTAL AMOUNT		
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SUBTOTAL of Shared Federal and Lavin Activity This Page FEDERAL SHARE. + LEVIN SH	ADE	TOTAL ASSOCIATE		
FEDERAL SHARE + LEVIN SH		TOTAL AMOUNT		
TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))  FEDERAL SHARE  TOTAL AMOUNT				
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LEVIN SH		The same of the sa		
TOTAL This Period for the Levin Share				
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## SCHEDULE L (FEC Form 3X) AGGREGATION PAGE: LEVIN FUNDS

NAME	NAME OF COMMITTEE (In Full)				
NAME	E OF ACCOUNT	<u>- · · · · · · · · · · · · · · · · · · ·</u>	<u> </u>		
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE		
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	(b) Unitemized				
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	(c) Total				
2.	OTHER RECEIPTS				
3.	TOTAL RECEIPTS	the state of the s	Sangalang dang termiter menter		
J.	(Add Lines 1c and 2)	have not be could be an in the could be	Consultant Standard Consultant Co		
4,	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)				
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	(b) Voter ID				
	(c) GOTV	Barrellan Erre Bate Barrellan Branch			
	(d) Generic Campaign		Committee of September of September 1997 and Septem		
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6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)		Constituted to the Constitution of the Constit		
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## SCHEDULE L-A (FEC Form 3X) ITEMIZED RECEIPTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page | FOR LINE NUMBER: | 1a | 2

		regation Page	(check only one) 1a 2
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and			
NAME OF COMMITTEE (In Full)			· · · · · · · · · · · · · · · · · · ·
Full Name (Last, First, Middle Initial) / Full Organization I	Name		Date of Receipt
Malling Address			
Making Radiose			
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business	Aggregate Year-to-Date		
Occupation			
Full Name (Last, First, Middle Initial) / Full Organization  B.	Name		Date of Receipt
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	Second transfer of the second
Name of Employer or Principal Place of Business			Aggregate Year-to-Date
Occupation			
Full Name (Last, First, Middle Initial) / Full Organization  C.	Name		Date of Receipt
Mailing Address			Amount of Each Receipt this Period
City	State	Zip Code	Account to the contract of the
Name of Employer or Principal Place of Business			Aggregate Year-to-Date
Occupation			
Full Name (Last, First, Middle Initial) / Full Organization  D.	Name		Date of Receipt
Malling Address		***	Amount of Food Propint this Poriod
City	State	Zip Code	Amount of Each Receipt this Period
Name of Employer or Principal Place of Business			Aggregate Year-to-Date
Occupation			
SUBTOTAL of Receipts This Page (optional)			
TOTAL This Period (last page this line number only)			

## SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

Use separate schedule(s) for each category of the Aggregation Page

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Full Name (Last, First, Middle Initial) / Full Organization Name		
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